

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/889870 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
	1								
2		1							
3		1							
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50									
TOTAL IND.	4								
TOTAL DEP.	18								
TOTAL CLAIMS	22								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS